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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>

5. State Oil & Gas Lease No.

OG-202

SUNDY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator PAN AMERICAN PETROLEUM CORPORATION	8. Farm or Lease Name STATE DH
3. Address of Operator BOX 68, HOBBS, N. M. 88240	9. Well No. 2
4. Location of Well UNIT LETTER <u>P</u> <u>660</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>660</u> FEET FROM THE <u>EAST</u> LINE, SECTION <u>21</u> TOWNSHIP <u>11-S</u> RANGE <u>33-E</u> NMPM.	10. Field and Pool, or Wildcat BAGLEY, No. LOWER PENN
15. Elevation (Show whether DF, RT, GR, etc.) 4276' RDB	12. County LEA

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

In an effort to increase productivity, selectively acidized perforated intervals 9605' - 9998' w/ 6500' gal 15% LSTNE. Evaluated.

Prior - Pmp 80 BO + 107 BW 24 hrs.
After - Pmp 120 BO + 184 BW 24 hrs.

TD- 10103
PBD- 10028

OC- 923-69
Comp-10-13-69

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED

AREA SUPERINTENDENT

DATE OCT 13 1969

APPROVED BY

DISTRICT

DATE

OCT 15 1969

CONDITIONS OF APPROVAL, IF ANY:

FSUSN
1-RR4